



DIVISION OF MEDICAL SERVICES PROVIDER BULLETIN

Volume 28 Number 26

<http://www.dss.mo.gov/dms>

October 28, 2005

NON-EMERGENCY MEDICAL TRANSPORTATION BULLETIN

CONTENTS

- **PROGRAM OVERVIEW**
 - **ARRANGING TRANSPORTATION**
 - **ANCILLARY SERVICES**
 - **REQUESTS FOR TRANSPORTATION**
 - **NEMT CHANGES**
 - **CO-PAYMENT**
 - **TRAVEL POLICY**
 - **WHERE'S MY RIDE?**
 - **ATTACHMENT A**
 - **ATTACHMENT B**
-

PROGRAM OVERVIEW

The purpose of the non-emergency medical transportation (NEMT) program is to assure transportation to eligible Medicaid/MC+ recipients who do not have access to free appropriate transportation to and from scheduled Medicaid/MC+ covered services. The NEMT program provides for the arrangement of transportation and ancillary services by an NEMT broker.

Effective November 5, 2005, non-emergency medical transportation (NEMT) will be arranged through LogistiCare Solutions L.L.C. LogistiCare can be contacted via telephone at 1-866-269-5927 or in writing at 6700 North Corporate Drive, Kansas City, MO 64120. All requests for non-emergency transportation services occurring on or after November 5, 2005 must be arranged through LogistiCare.

ARRANGING TRANSPORTATION

NEMT is available to those recipients Medicaid or MC+ eligible on the date of transport. MC+ Managed Care recipients get their NEMT services from their MC+ managed care health plan. Some people on Medicaid or MC+ do not get NEMT services as part of their benefit package. The following people are not eligible for the NEMT program:

- 1) Recipients with the following Medicaid Eligibility (ME) codes:
 - 02, Blind Pension;
 - 08, Child Welfare Services-Foster Care;
 - 52, Division of Youth Services-General Revenue;
 - 55, Qualified Medicare Beneficiary (QMB)-Only;
 - 57, Child Welfare Services-Foster Care-Adoption Subsidy;
 - 59, Presumptive Eligibility (subsidized);
 - 64, Group Home-Health Initiative Fund (State placement);
 - 65, Group Home-Health Initiative Fund (Parent/Guardian placement);
 - 71, MC+ for Kids, children ages 1 thru 5, no premium;
 - 72, MC+ for Kids, children ages 6 thru 18, no premium;
 - 73, MC+ for Kids, children ages 1 thru 18, income 151-185%, premium;
 - 74, MC+ for Kids, children ages 0 thru 18, income 186-225%, premium;
 - 75, MC+ for Kids, children ages 0 thru 18, income 226-300%, premium; and
 - 80, Women's Health Services.
- 2) Recipients who have access to transportation at no cost to the recipient. However, such recipients may be eligible for ancillary services.
- 3) Recipients who have access to NEMT services through the Medicare program.
- 4) Recipients enrolled in the Hospice program. However, NEMT is available for such recipients accessing Medicaid/MC+ covered services that are not related to the recipient's terminal illness.
- 5) Recipients receiving Mentally Retarded Developmental Disabilities (MRDD) Waiver program services, Comprehensive Substance Treatment Abuse and Rehabilitation (CSTAR) program services, community psychiatric rehabilitation services (psychosocial rehabilitation and to receive medication services), and adult day health care services.
- 6) Transportation to a Durable Medical Equipment (DME) provider that provides free delivery or mail order services.
- 7) Transportation to services for Medicaid/MC+ covered services provided in the home such as personal care, home health, etc.
- 8) Transportation to a pharmacy.

ANCILLARY SERVICES

If a recipient is under the age of 21 and needs to be away from home overnight or needs someone to go along, NEMT will only pay for the child and one parent or guardian. NEMT will not pay for other children or adults to ride along.

REQUESTS FOR TRANSPORTATION

Requests for transportation are made by calling 1-866-269-5927 at least three (3) business days in advance. Requests may be made 24 hours a day, seven days a week. The following information must be provided at the time of the call to arrange transportation:

- The patient's name, address, phone number, and Medicaid or MC+ ID number
- The name, address, and phone number of the health care provider
- The date and time of the appointment
- Special needs of the patient (such as the patient uses a wheelchair)
- If the patient is under the age of 21, let the broker know if the patient needs an attendant or parent to go along.

NEMT CHANGES

The following items are changes which have occurred in the NEMT program. All changes are effective November 5, 2005.

Limitation of Services

Transportation services will limit recipients to no more than three (3) transportation legs per day unless the transportation broker has received prior approval from the state agency.

Dialysis

Dialysis transportation will be arranged through LogistiCare. Social Workers will no longer contact the Division of Medical Services for approval of transportation requests.

Ancillary Services

Ancillary services are only available for children under the age of 21 and, if necessary, an attendant and/or parent/guardian to accompany the child, when the medical appointment requires an overnight stay.

CO-PAYMENT

Recipients shall be subject to a \$3.00 co-payment for each NEMT trip (regardless of the number of transportation legs represented in the trip). Providers shall not deny NEMT services when the recipient cannot pay their co-payment. The recipient is responsible for the co-payment. Non-payment may impact the recipients ability to get a ride.

- The following categories are exempt from co-payments for NEMT services:
 - Children under the age of 19,
 - Individuals receiving Medicaid under a category of assistance for pregnant women or the blind under the following Medicaid eligibility codes:
 - 03, Aid to the blind;
 - 12, Medical Assistance-Aid to the blind; and
 - 15, Nursing Care-Aid to the blind;
 - 18, Unborn child;
 - 43, Pregnant women-60 day assistance;
 - 44, Pregnant women-60 day assistance-poverty;

- 45, Pregnant women-poverty;
- 58, Presumptive eligibility (non-subsidized); and
- 61, Medicaid for pregnant women-Health Initiative Fund.
- Foster care recipients,
- Residents of a skilled nursing facility; intermediate care nursing home, residential care home; adult boarding home or psychiatric hospital.

If it is the routine business practice of a provider to discontinue future services to an individual with uncollected debt, the provider may include uncollected co-payments under this practice. However, a provider shall give a Medicaid recipient a reasonable opportunity to pay an uncollected co-payment. If a provider is not willing to provide services to a Medicaid recipient with uncollected co-payment, the provider must give the recipient advanced notice and a reasonable opportunity to arrange care with a different provider before services can be discontinued.

TRAVEL POLICY

Travel policies are in place to determine the appropriateness of recipients traveling outside the standard distance. In order to assist recipients in accessing appropriate care, you may receive calls from LogistiCare to verify the reason the recipient must travel beyond the standard distance. Standard distances can be found on Attachment A. The standards are based on whether the county of residence is categorized as urban, basic or rural. The following lists the counties meeting each category:

- Urban-Greene, Jackson, St. Charles, St. Louis, and St. Louis City;
 - Basic-Boone, Buchanan, Cape Girardeau, Cass, Christian, Clay, Cole, Franklin, Jasper, Jefferson, Newton, Platte, St. Francois;
 - Rural-all other counties.
- Providers who request transportation for recipients on a regular reoccurring schedule (i.e. rehabilitation, dialysis, etc.) must contact LogistiCare's Facility line at 1-866-269-5942 to arrange transportation.

WHERE'S MY RIDE?

If a transportation provider is more than 15 minutes late for pick-up, call the "Where's My Ride?" line at 1-866-269-5944 or 1-866-269-5435. LogistiCare will determine where the driver is and make sure the recipient is transported. Please refer to Attachment B for further information.

Provider Bulletins are available on the DMS Website at <http://www.dss.mo.gov/dms/pages/bulletins.htm>. Bulletins will remain on the Published Bulletin site only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

Missouri Medicaid News: Providers and other interested parties are urged to go to the DMS Website at <http://dss.missouri.gov/dms/subscribe/MedNewsSubscribe.htm> to subscribe to the list serve to receive automatic notifications of provider bulletins, provider manual updates, and other official Missouri Medicaid communications via e-mail.

MC+ Managed Care: The information contained in this bulletin applies to coverage for:

- MC+ Fee-for-Service
- Medicaid Fee-for-Service
- Services not included in MC+ Managed Care

Questions regarding MC+ Managed Care benefits should be directed to the patient's MC+ Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MC+ card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline
573-751-2896

ATTACHMENT A**TRAVEL STANDARDS - MAXIMUM MILEAGE**

| Provider/Service Type | Urban Access County | Basic Assess County | Rural Access County |
|--|--------------------------------|--------------------------------|--------------------------------|
| Physicians | | | |
| PCPs | 10 | 20 | 30 |
| Obstetrics/Gynecology | 15 | 30 | 60 |
| Neurology | 25 | 50 | 100 |
| Dermatology | 25 | 50 | 100 |
| Physical Medicine/Rehab | 25 | 50 | 100 |
| Podiatry | 25 | 50 | 100 |
| Vision Care/Primary Eye Care | 15 | 30 | 60 |
| Allergy | 25 | 50 | 100 |
| Cardiology | 25 | 50 | 100 |
| Endocrinology | 25 | 50 | 100 |
| Gastroenterology | 25 | 50 | 100 |
| Hematology/Oncology | 25 | 50 | 100 |
| Infectious Disease | 25 | 50 | 100 |
| Nephrology | 25 | 50 | 100 |
| Ophthalmology | 25 | 50 | 100 |
| Orthopedics | 25 | 50 | 100 |
| Otolaryngology | 25 | 50 | 100 |
| Pediatric | 25 | 50 | 100 |
| Pulmonary Disease | 25 | 50 | 100 |
| Rheumatology | 25 | 50 | 100 |
| Urology | 25 | 50 | 100 |
| General surgery | 15 | 30 | 60 |
| Psychiatrist-Adult/General | 15 | 30 | 60 |
| Psychiatrist-Child/Adolescent | 15 | 30 | 60 |
| Psychologists/Other Therapists | 10 | 20 | 40 |
| Chiropractor | 15 | 30 | 60 |
| Hospitals | | | |
| Basic Hospital | 30 | 30 | 30 |
| Secondary Hospital | 50 | 50 | 50 |
| Tertiary Services | | | |
| Level I or Level II trauma unit | 100 | 100 | 100 |
| Neonatal intensive care unit | 100 | 100 | 100 |
| Perinatology services | 100 | 100 | 100 |
| Comprehensive cancer services | 100 | 100 | 100 |
| Cardiac catheterization | 100 | 100 | 100 |
| Cardiac surgery | 100 | 100 | 100 |
| Pediatric subspecialty care | 100 | 100 | 100 |
| Mental Health Facilities | | | |
| Outpatient-Adult | 15 | 30 | 60 |
| Outpatient-Child/Adolescent | 15 | 30 | 60 |
| Outpatient-Geriatric | 15 | 30 | 60 |
| Inpatient/Intensive Treatment-Adult | 25 | 50 | 100 |
| Inpatient/Intensive Treatment-Child/Adolescent | 25 | 50 | 100 |
| Inpatient/Intensive Treatment-Geriatric | 38 | 75 | 100 |

| | | | |
|---|----|----|-----|
| Inpatient/Intensive Treatment- Alcohol/Chemical Dependency | 38 | 75 | 100 |
| Ancillary Services | | | |
| Physical Therapy | 30 | 30 | 30 |
| Occupational Therapy | 30 | 30 | 30 |
| Speech Therapy | 50 | 50 | 50 |
| Audiology | 50 | 50 | 50 |

